Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	02AL0241	A. BUILDING: _____ B. WING _____	05/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEART HOMES AT PINEY ORCHARD	8735 PINEY ORCHARD PARKWAY ODENTON, MD 21113

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 000	Initial Comments On May 9, 2014 an Inspection of Care survey was conducted by representatives of the Office of Health Care Quality (OHCQ) to determine whether the immediate health and safety needs of the residents are being met and determining compliance with COMAR regulations 10.07.14, Assisted Living Program Regulations. Survey activities included a review of selected administrative, staff and residents' files, interview with staff and residents, observations, and a tour of the facility. The facility census at the time of the survey was twelve (12) residents.	E 000		
E3330	.26 B1,2 .26 Service Plan B. Assessment of Condition. (1) The resident's service plan shall be based on assessments of the resident's health, function, and psychosocial status using the Resident Assessment Tool. (2) A full assessment of the resident shall be completed: (a) Within 48 hours but not later than required by nursing practice and the patient's condition after: (i) A significant change of condition; and (ii) Each nonroutine hospitalization; and (b) At least annually. This REQUIREMENT is not met as evidenced by: Based on resident record review and interview with Staff #1 on 5/9/14, the licensee failed to complete a full assessment after a hospitalization as required. Findings include:	E3330		

OHCQ

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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E3330	Continued From page 1 Review of Resident #5's record revealed that this resident was sent to the emergency department of a local hospital on 4/24/14. Further review revealed that the Health Care Practitioner Physical Assessment was completed upon return to the facility, however the Assisted Living Manager Functional Assessment and the Level of Care Scoring Tool were not competed as required. It is recommended that the licensee consider using the new Resident Assessment Tool found on the OHCQ web site to comply with this deficiency and with future Resident Assessments.	E3330		
E3540	.29 C .29 Medication Management and Administration C. All medications shall be administered consistent with applicable requirements of COMAR 10.27.11. This REQUIREMENT is not met as evidenced by: Based on administrative, resident and staff record review, observations of the medications and interview with Staff #1 (who is a Certified Medication Technician) on 5/9/14, the licensee failed to ensure that residents' medications were administered in compliance with COMAR 10.27.11. Findings include: Per COMAR 10.27.11, Certified Medication Technicians (CMTs) are to administer medications by comparing the (1) signed Physician's Medical Order, the (2) Medication Administration Record (MAR) and the (3) Pharmacy's medication label for agreement (3	E3540		

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E3540	Continued From page 2 way check). Interview with Staff #1 revealed that medications are administered by comparing the MAR with the Pharmacy medication label, not using the Physician's Medical Order. (Resident record review revealed that the Physician's orders are located in the Resident charts in the office, not on the medication cart with the MAR.)	E3540		
E3680	.29 M .29 Medication Management and Administration M. Medications and treatments shall be administered consistent with current signed medical orders and using professional standards of practice. This REQUIREMENT is not met as evidenced by: Based on staff and resident interview and review of administrative and resident records, the licensee failed to administer treatments consistent with current signed medical orders and using professional standards of practice. Findings include: Interview with Resident #1 revealed that this resident wanted to know why she was in a geri chair with a tray and could not remove the tray. Review of administrative and resident records revealed no physician order for this tray. Interview with Staff #1 revealed that this issue was being investigated.	E3680		
E3790	.31 C .31 Incident Reports C. All incident reports shall include:	E3790		

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E3790	Continued From page 3 (1) Time, date, place, and individuals present; (2) Complete description of the incident; (3) Response of the staff at the time; and (4) Notification, including notification to the: (a) Resident, or if appropriate the resident's representative; (b) Resident's physician, if appropriate; (c) Program's delegating nurse; (d) Licensing or law enforcement authorities, when appropriate; and (e) Follow-up activities, including investigation of the occurrence and steps to prevent its reoccurrence. This REQUIREMENT is not met as evidenced by: Based on administrative and resident record review and interview with Staff #1 on 5/9/14, the licensee failed to ensure that incident reports include follow-up activities, including investigation of the occurrence and steps to prevent its reoccurrence. Findings include: Review of Resident #1's record revealed an incident report dated 4/30/14 describing a fall, which does not include investigation of the occurrence and steps to prevent its reoccurrence. Continued review revealed an incident report dated 4/25/14 describing another fall, which does not include investigation of the occurrence and steps to prevent its reoccurrence. Further review revealed an incident report dated 4/21/14 describing another fall, which does not include investigation of the occurrence and steps to prevent its reoccurrence. Review of Resident #4's record revealed an incident report dated 2/24/14 describing an incident which does not include investigation of	E3790		

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E3790	Continued From page 4 the occurrence and steps to prevent a reoccurrence. Review of Resident #5's record revealed an incident report dated 4/24/14 which describes that this resident was sent out to the emergency department of a local hospital due to blood in her urine. Continued review revealed no evidence of follow-up activities, including investigation of the occurrence and steps to prevent its reoccurrence as required.	E3790		
E4630	.41 A .41 General Physical Plant Requirements .41 General Physical Plant Requirements. A. The facility, which includes buildings, common areas, and exterior grounds, shall be kept: (1) In good repair; (2) Clean; (3) Free of any object, material, or condition that may create a health hazard, accident, or fire; (4) Free of any object, material, or condition that may create a public nuisance; and (5) Free of insects and rodents. This REQUIREMENT is not met as evidenced by: Observation during a tour of the facility revealed unsecured oxygen tanks in Resident Room 13 and Resident Room 8. Findings include: Observation during a tour of the facility revealed two unsecured oxygen tanks in Resident Room 13, and two unsecured oxygen tanks in Resident Room 8.	E4630		